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ABSTRACT

Because the life expectancy of women is longer than that of men and because men seem to marry younger women, most of the literature on caregivers of the elderly has focusd on women who care for elderly, disabled husbands. In order to explore the role of men as caretakers of disabled wives, 25 elderly widowers (aged 63-93) participated in interviews designed to elicit recollections of the time they spent caring for elderly or disabled wives. Data analyses indicated that 12 of the 15 husbands whose wives were disabled before death had the primary responsibility for caregiving. Several husbands became ill while nursing their wives and almost half claimed that they had become ill or that a chronic condition had worsened in the first year of widowhood. Men who had nursed their wives were less likely to consider remarriage. The caretaker role among elderly men appears to provide anticipatory socialization to widowhood as men learn to cook and clean house during the time of the spouse's illness. Because of the small sample, this study was intended to be suggestive rather than definitive. Further research could be directed toward elucidating household and marital roles of elderly men, roles of other family members in caring for a disabled relative, and needed support services for men who are caregivers. (AG)

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ELDERLY MEN AS CARETAKERS OF WIVES

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Because women's life expectancy is longer than that of men and because men generally marry younger women, most of the literature on caregivers of the elderly has focused on women who care for elderly, disabled husbands (Crossman, et al., 1981; Fengler and Goodrich, 1979), or children, notably daughters, who care for elderly widowed mothers (Brody, 1981; Shanas, 1980). Although several studies have noted that spouses are the primary sources of informal support to married elders of both sexes (Treas, 1977; Shanas, 1979; Seelbach, 1978), the role of men as caretaker has been relatively unexplored in the social science literature. Beyond the knowledge that such men exist, we have little data concerning the content and meaning of the caretaking role to men.

METHOD

This report presents some data based on a small sample of 25 widowers who, as part of a larger study, recalled the months or years they spent as caretakers of disabled wives. Being based on such a small sample, it is meant to be suggestive rather than definitive in calling attention to this neglected aspect of old age among men.

A sample of 25 widowers was obtained from names of surviving spouses recorded on death certificates of women who had died at age 60 and over in four months of 1978, in a coastal Massachusetts industrial city of 80,000. Fourty-three women had died leaving spouses and I was able to track down every spouse. Of those who were alive and had not remarried, all but four agreed to be interviewed in depth. All had been widowers from two-and-a-half to

three years. Their ages ranged from 63 to 93, with an average age of 77.

FINDINGS

Traditional thinking indicates that women would nurse disabled husbands; husbands, on the other hand, would lack skills for nursing the wife and feel unable to do so. They would, therefore, leave caregiving to others and/or would quickly consign care of the wife to a nursing home. It was, therefore, striking that such was not the case among men in this sample of widowers. Of 15 women who experienced a period of disability prior to death, only three did not receive care from their husbands. In these three cases, daughters took over the major responsibility, according to reports of the men. In the other cases, however, husbands had primary responsibility, which ranged from "looking in on" the wife during the day, overseeing medications and doing housework for relatively intact spouses to feeding, toileting, and turning completely dependent wives who may not have known who was caring for them. In most cases, there was some help from visiting nurses or other health professionals, sometimes on a daily basis, but the routine day-to-day care was the burden of the spouse. Mr. A. is typical of the widowers who had nursed progressively dependent wives, many for a number of years.

> "The wife was sick for seven years. She had problems. Arthritis and hypertension and heart trouble. They all got worse and worse. She went out walking, and she had to stop walking, and then I had to take her walking, and then she went to a walker and then a wheelchair. I used to take her to the toilet and give her a bath and everything. She was helpless. . . I used to have to get up at night, take care of her. I'd sleep about four hours, then I'd be up, asleep again, and be up. . . The wife would see me go out of the yard and she'd be crying, because I left. I couldn't go

> far, you know. I just used the car for shopping. She'd be afraid to be alone. . . The first stroke she was in a walker. She took care of herself pretty much. But I had to do all the cooking and everything in the house -- workin' the laundry and all that stuff. . . The last (stroke) Dr. S. says 'She'll have to be on a baby diet. You'll have to feed her with a tube.' You know those glass tubes -- has a guage on it, measurements. Different kinds of food use that measurement, or that measurement, or that one. I had to buy that baby food. . . Yea, I fed her for a long time. I saw her die, you know. Right in my arms almost. I never expected that. I always thought the hospital. I always figured the hospital."

Mr. A. alluded to his lack of mobility, isolation and lack of sleep in a matter of fact way. He did not disclose the strain and depression he must have felt, according to researchers who have come in contact with people actually in the process of caring for an elderly relative (Klein, et al., 1967; Sainsbury and Grad de Alarcon, 1970). His was typical of the stoic accounts I heard, as was his comment that "Dr. S. said she should go into a nursing home, but Rhoda said 'I don't want to go into a nursing home.' I said, 'As long as I can take care of you, you won't go.'"

Similarly, Mr. F. recounted the two years he spent nursing his progressively disabled wife, ten years his senior, despite having a heart condition himself: "Her diabetes, that's how it began. Her leg got swollen up and I couldn't get it down again so she had to stay in bed for two years. Her mind started to go anyway, you know. Oh, she didn't stay in bed. I got her up and sat her in a chair. I went out and bought a $500 hoist to put underneath her to lift her out of bed." Like Mr. A., Mr. S. refused to consider nursing home admission in spite of the pleas of his wife's daughter. "I said, 'Your mother will never go in a nursing home as long as I'm alive. You haven't got a goddam thing to say about your mother as

long as I'm her husband.' I was in the restaurant equipment business and I know what those nursing homes were. I told (the doctor) what I was going to do and he said, 'Well, do it if you can.' I never complained to him. I didn't mind it at all."

In fact only one man complained about nursing activities as "not being a man's work." The others, in recalling the past, seemed to accept the role of caretaker uncomplainingly as one which it was their duty to perform. Until further research, we can only speculate that perhaps husbands see caretaking as an extension of the instrumental role in which they specialized in the marriage. The role of breadwinner, which connotes care in younger marriages, may be extended in older marriages to literal physical care of the wife. Lipman and Longina (1980) found, for example, that able bodied elderly women relied on the husband for instrumental task-oriented support and on children for social-emotional support. Also, it should be kept in mind that the men who accepted the caretaker role perceived themselves as not having any other alternatives besides institutionalization. If relatives or live-in nurses had been available in the home, they may have been willing to share or shift the responsibility, as had three of the men.

The widowers quoted above were fortunate in that, despite their own infirmities, their health allowed them to fulfil the role they chose. Others were not so lucky. Seventy-two year old Mr. B. cared for his completely dependent wife for two years. "She was helpless. Arterial sclerosis. I was doing everything." Until he fainted. "I woke up with my head on the hearthstone here. That's the first time I ever fainted. . .I was awake enough to tell one of the neighbors next door to get Eleanor somebody. They found a nursing

home." Mr. B. came home from the hospital with a pacemaker. Since then he has become progressively housebound, as a herniated disk has paralyzed one foot and the other is becoming more and more painful. He now walks with two canes.

Mr. B. is an extreme example of health impairment among caretaking husbands. Of course, it is not possible with the present data to separate out effects of caretaking from the effects of aging, per se, to determine a positive connection between the strain of nursing a disabled spouse and deterioration of the health of the caretaker. Several men did become ill during this period, as other researchers have noted (Sainsbury and Grad de Alarcon), but in general widowers have poorer health than their married counterparts (Verbrugge, 1979). None of the widowers in the whole sample claimed that their health had become better since widowhood, and the greatest number rated their health as "fair". Two began to drink heavily. Almost half of those who responded claimed that they had become ill or a chronic condition had worsened in the first year of widowhood, including the four men who became ill while caring for the spouse.

It is interesting to note that men who had nursed the spouse were less likely to consider remarriage. Although only one man stated outright that "I'd never do it for another woman in my life what I went through with my wife", a test for statistical association showed a significant relationship between having nursed the spouse and desire to remarry ($r_s = -.5869$, $p > .01$). In many ways, the negative attitude toward remarriage on the part of former caretakers is an unfortunate result because remarriage seems to be beneficial to older men. Widowers who remarry generally have high morale, rate their health positively, and feel satisfied with the

new lease on life that the remarriage has provided (Vinick, 1978). Men who will not consider remarriage as an option are cutting themselves off from the benefits that remarriage could possibly provide.

Another association it may be worthwhile to mention concerns what Lopata (1973) has called sanctification -- an idealization of the memory of the late spouse. Although the relationship was not statistically significant, only one man who had nursed his wife through a difficult illness dwelled on his wife's positive qualities, stating many times how intelligent she was, and what a lovely woman. (Several other widowers, who had not been caretakers, did the same.) However, the other former caretakers appeared reluctant to dwell on the marital relationship, making comments like "We had our arguments, of course." It would be another unfortunate consequence of the caretaker role if widowers were left only with the dregs of unpleasant recollections rather than the memories of a happy union.

If anything positive can be said about the caretaker role among elderly men, it is that it provides anticipatory socialization to widowhood. Several men had learned to cook and to keep house when the wife had become incapacitated or had renewed their acquaintance with these activities, and some even enjoyed it. Eighty-two year old Mr. M., for example, did the housework for many years after his wife damaged her knee in an accident. "She gradually became more accustomed to sitting and knitting. I used to do quite a bit of the housework. Vacuum clean and so forth. It isn't new to me. I like it. (As far as cooking,) I can demonstrate for you. I get chicken breasts and put them in the little electric oven and I get some potatoes and that sort of thing. I do all right that way."

IMPLICATIONS

The few research studies which have focused on caretakers of mentally and physically infirm elders confirm there is a great expenditure of emotional and physical resources on the part of the caretaker (Klein, et al., 1967; Fengler and Goodrich, 1979; Sainsbury and Grad de Alarcon, 1970). It must be especially difficult for men who are themselves advanced in years and who may themselves have physical infirmities and a lack of experience to nurse a disabled wife. It must even be difficult to have the responsibility for "checking up" on a wife who has a chronic illness even though she may be able to care for herself physically. The former caretakers in this small sample minimized the hardships which they had faced, so it is difficult to know how responsive they would have been to formal supports such as group discussion and educational meetings, which have been successful among female caretakers of disabled husbands (Crossman, et al., 1981). Judging from their recollections, most of the men were isolated and tied down by the caretaking role. They would probably have benefited from respite services, if not from the opportunity to share experiences and feelings.

In general, there is a need for more research and more attention to the roles of men in old age. Aside from the area of retirement expectations and satisfaction, there has been noticeably little research on the household and marital roles of elderly men (Keith and Brubaker, 1979). Perhaps male caretakers are more prevalent than the common perception. Half of the men in the entire sample of 25 widowers had some responsibility for care of their wives. There is a need for further information on the roles of other family members in caring for a disabled relative. The widowers were quick

to commend the often considerable support they received from visiting nurses, but seldom mentioned support from others. Is this a function of the relative inexpressiveness of men, do they fail to perceive the support of others, or is such support not forthcoming? What kinds of services do men perceive as being most wanted and needed? What are the most effective methods of delivery? These questions have been largely ignored. In view of the burden of the role which some men assume, the answers are worthy of attention and effort.

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